

Please type a plus sign (+) inside this box ----> ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number CPL1538-196

First Named Inventor Burger, et al.

COMPLETE IF KNOWN

Application Number /

Filing Date January 10, 2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYNTHETIC WOOD COMPONENT HAVING A FOAMED POLYMER BACKING

(Title of the Invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| | | |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☒ Customer Number
or Bar Code Label



OR ☐

Correspondence address below

Name

08698

PATENT, TRADEMARK OFFICE

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1 001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)) Christopher C.

Family Name

or Surname Burger

Inventor's

Signature

Date

Residence: City Dublin

state Ohio

Country USA

Citizenship USA

Mailing Address 7610 Harriot Road, Dublin, Ohio 43016

Mailing Address 7610 Harriot Road, Dublin, Ohio 43016

City Dublin

State Ohio

ZIP 43016

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)) Jeffrey R.

Family Name

or Surname Brandt

Inventor's

Signature

Date

Residence: City Blacklick

State Ohio

Country USA

Citizenship USA

Mailing Address 93 Kingsmeadow Lane, Blacklick, Ohio 43004

Mailing Address 93 Kingsmeadow Lane, Blacklick, Ohio 43004

City Blacklick

State Ohio

ZIP 43004

Country USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →



PTO/SB/02A (1 1-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | |
|--------------------|---|
| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u> |
|--------------------|---|

| | | | |
|--|------------|---|-----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| David W. | | Smith | |
| Inventor's Signature | | Date | |
| Residence: City Bexley | State Ohio | Country USA | Citizenship USA |
| Mailing Address 721 Francis Avenue, Bexley, Ohio 43209 | | | |
| Mailing Address 721 Francis Avenue, Bexley, Ohio 43209 | | | |
| City Bexley | State Ohio | ZIP 43209 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| John P. | | Frechette | |
| Inventor's Signature | | Date | |
| Residence: City Powell | State Ohio | Country USA | Citizenship USA |
| Mailing Address 1804 Darrow Drive, Powell, Ohio 43065 | | | |
| Mailing Address 1804 Darrow Drive, Powell, Ohio 43065 | | | |
| City Powell | State Ohio | ZIP 43065 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Kevin T. | | Burt | |
| Inventor's Signature | | Date | |
| Residence: City Columbus | State Ohio | Country USA | Citizenship USA |
| Mailing Address 44 Wilson Avenue, Columbus, Ohio 43205 | | | |
| Mailing Address 44 Wilson Avenue, Columbus, Ohio 43205 | | | |
| City Columbus | State Ohio | ZIP 43205 | Country USA |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box-> ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office- U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

January 10, 2001

First Named Inventor

Burger, et al.

Group Art Unit

Examiner Name

Attorney Docket Number

CPL1538-196

I hereby appoint:

☒ Practitioners at Customer Number

08698

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

| | | | | |
|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | ZIP |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|-----------------------|
| Name | Christopher C. Burger |
| Signature | |
| Date | |

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box-> ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office- U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|------------------|
| Application Number | |
| Filing Date | January 10, 2001 |
| First Named Inventor | Burger, et al. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | CPL1538-196 |

I hereby appoint:

☒ Practitioners at Customer Number

08698

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

| | | | | |
|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | ZIP |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|-------------------|
| Name | Jeffrey R. Brandt |
| Signature | |
| Date | |

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box-> ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office- U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

January 10, 2001

First Named Inventor

Burger, et al.

Group Art Unit

Examiner Name

Attorney Docket Number

CPL1538-196

I hereby appoint:

☒ Practitioners at Customer Number

08698

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

David W. Smith

Signature

Date

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box-> ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office- U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

January 10, 2001

First Named Inventor

Burger, et al.

Group Art Unit

Examiner Name

Attorney Docket Number

CPL1538-196

I hereby appoint:

☒ Practitioners at Customer Number

08698

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

John P. Frechette

Signature

Date

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box-> ☐

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office- U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

January 10, 2001

First Named Inventor

Burger, et al.

Group Art Unit

Examiner Name

Attorney Docket Number

CPL1538-196

I hereby appoint:

☒ Practitioners at Customer Number

08698

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

| | | | | | |
|--|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | | | | |
| Telephone | | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---------------|
| Name | Kevin T. Burt |
| Signature | |
| Date | |

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.